



**RHODE ISLAND DEPARTMENT OF HEALTH  
OFFICE OF DRINKING WATER QUALITY  
DAVID R. GIFFORD MD, MPH  
DIRECTOR**

**APPLICATION FOR THE APPROVAL OF PLANS AND SPECIFICATIONS  
FOR THE CONSTRUCTION OF A SWIMMING POOL**

1. OWNER: \_\_\_\_\_ TITLE: \_\_\_\_\_  
Individual making application

\_\_\_\_\_  
Name of municipality, corporation or individual owning pool

MAILING ADDRESS: \_\_\_\_\_  
No. Street City or Town Zip Code

TELEPHONE NO. \_\_\_\_\_

2. NAME OF POOL: \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor  
Existing \_\_\_\_\_ Proposed

LOCATION: \_\_\_\_\_  
No. Street City or Town

3. TYPE POOL: \_\_\_\_\_ Swimming \_\_\_\_\_ Wading \_\_\_\_\_ Therapeutic/Spa/Whirlpool  
\_\_\_\_\_ Other, describe \_\_\_\_\_

4. POOL TO BE USED BY: \_\_\_\_\_

5. ESTIMATED MAXIMUM NUMBER OF BATHERS PER DAY: \_\_\_\_\_

6. ESTIMATED MAXIMUM NUMBER OF BATHERS AT ANY ONE TIME: \_\_\_\_\_

7. PLANS AND SPECIFICATIONS ENTITLED: \_\_\_\_\_

PREPARED AND STAMPED BY: \_\_\_\_\_ P.E. RI Lic. # \_\_\_\_\_

Engineer's Mailing Address: \_\_\_\_\_

Engineer's Telephone No. \_\_\_\_\_

8. PROJECTED CONSTRUCTION START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_